CALTRANS STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION BID FOR

CONSTRUCTION ON STATE HIGHWAY IN SAN DIEGO COUNTY AT VARIOUS LOCATIONS In District 11 on Route 54, 125, 805

UNDER

Notice to Bidders and Special Provisions dated February 22, 2016 Project plans approved January 25, 2016 Standard Specifications dated 2010 Standard Plans dated 2010

Identified by

Contract No. 11-409604

11-SD-54, 125, 805-Var

Project ID 1112000048

FEDERAL-AID PROJECT ACNHP-X073(117)E

Bids open Tuesday, March 29, 2016

Dated February 22, 2016

AADD

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

BID TO THE DEPARTMENT OF TRANSPORTATION

DES-OE-0102.1

Name of Bidder Western Rim Constructors, Inc.

Business Street Address 621 S Andreasen Drive, Suite B

(Include even if P.O. Box is used)

Business P.O. Box

City, State, Zip Escondido, CA, 92029

Telephone No: AREA CODE 7604894328

Fax No: AREA CODE 7604894304

Contractor License No. 798623

Public Works Contractor Registration No. 1000004677

Checksum 8427CB3D

1. Bidder agrees, if this bid is accepted, to enter into a contract with the Department, in the form included in the Standard Specifications, to perform the work provided in the Contract under the terms of the Contract for the price or prices bid.

For a lump sum or unit price based bid, Bidder additionally agrees to perform the work within the number of working days shown on the Notice to Bidders.

For a cost plus time based bid on a contract without a plant establishment period, Bidder additionally agrees to perform the work within the number of working days bid.

For a cost plus time based bid on a contract with a plant establishment period, Bidder additionally agrees to perform the non*plant establishment work within the number of working days bid for non⊕plant establishment work.

- 2. Bidder has and acknowledges the following addenda:1 03-18-16 Revise Federal Minimum Wages,
- 3. Bidder submits this bid with one of the following forms of bidder's security equal to at least 10 percent of the bid: Bidder's Bond
- 4. Bidder's signature is an affirmation of the included certifications. Bidder is cautioned that making a false certification may result in one or more of the following:
 - 4.1 Criminal prosecution
 - 4.2 Rejection of the bid
 - 4.3 Rescission of the award
 - 4.4 Termination of the Contract

PRINTED NAME: Ray C Samuelson AND TITLE OF PERSON SIGNING: Presidnet

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

BID ITEM LIST

				TEM TISI		
Item No.	 Item Code	 Item Description	 Uni Mea:			 Item Total
1	070030 PLAN 	LEAD COMPLIANCE	l LS	 LUMP SUM 	LUMP SUM	2,224.27
2	120090 AREA SIG	CONSTRUCTION GNS	 LS	LUMP SUM	LUMP SUM	 16,793.26
3	12010C SYSTEM	TRAFFIC CONTROL	 LS	LUMP SUM	LUMP SUM	 100,046.13
4	120199 DRUM 	TRAFFIC PLASTIC	 EA	 190.0 	38.92	 7,394.80
5		PORTABLE BLE MESSAGE SIGN	 EA	 5.0 	2,224.27	 11,121.35
6		TEMPORARY (TYPE K)	 LF	 5,540.0 	16.42	90,966.80
 7	129100 CUSHION	TEMPORARY CRASH MODULE	 EA	110.0	194.62	21,408.20
8	030647 ALTERNA' CUSHION	TEMPORARY FIVE CRASH	 EA	 8.0 	4,670.97	37,367.76
9	130100 MANAGEMI 	JOB SITE ENT		LUMP SUM !	LUMP SUM	11,899.86
•	WATER PO	PREPARE STORM OLLUTION ION PLAN			LUMP SUM	2,168.67
	130330 ANNUAL : 	STORM WATER REPORT	 EA		2,000.00	4,000.00
112	130620 DRAINAG: !PROTECT:		 EA	 7.0 	556.07	3,892.49 3,892.49

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

BID ITEM LIST | Item | Item | Item | Quantity | Unit Price | Item Total | No. | Code | Description | Unit of | Measure | 130730 STREET SWEEPING | | LUMP SUM | LUMP SUM | | LS | | CONCRETE WASHOUT | LUMP SUM | LUMP SUM | 6,672.82 1130900 TEMPORARY 114 1.11| 1,243.20| |150668 REMOVE FLARED | |150742 REMOVE ROADSIDE | |SIGN | |150771 REMOVE ASPHALT | 5.56| 1,501.20| 9.0 262.77 2,364.93 |155003 CAP INLET 123

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

BID ITEM LIST

		D.	10 I.	rem List			
Item No.	 Item	Item Description	1	of		t Price	 Item Total
25	160102 GRUBBING	CLEARING AND G (LS)	 LS	LUMP SUM	 LUMF 	SUM	 25,666.66
26	190101 EXCAVATI		CY	550.	. 0 	67.39	 37,064.50
27	200002 CLEARING		 LS	LUMP SUM	 LUMF	SUM	 30,116.36
28	202004 (LB)	IRON SULFATE	 LB	13.	 	1.67	 21.71
29	202039 FERTILI2		 LB	11.	 	0.56	 6.16
30(F)	204008 	PLANT (GROUP H)	 EA	1,500.	! 0 ! 	0.56	 840.00
31	•	MAINTAIN G PLANTED AREAS	 LS	LUMP SUM	 LUMF	SUM	 5,560.68
32	204099 ESTABLIS	PLANT SHMENT WORK	 LS	LUMP SUM	 LUMF	SUM	 11,121.36
33	205035 	WOOD MULCH	 CY	1,520.	 0 	33.36	 50,707.20
		CHECK AND TEST G IRRIGATION IES			 LUME	SUM	 1,668.20
35	206402 IRRIGAT:	OPERATE EXISTING	 LS	LUMP SUM	 LUMF	SUM	 5,560.68
		CONTROL AND CONDUCTORS	l LS	LUMP SUM	 LUMF	SUM	 8,341.02

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

BID ITEM LIST

Item No.	Item Code	Item Description			Unit Price	 Item Total
37	206562 CONTROL	1" REMOTE VALVE	 EA	11.0	500.46	 5,505.06
38	206564 CONTROL 	1 1/2" REMOTE VALVE	 EA	7.0[556.07	3,892.49
39	•	RISER SPRINKLER Y (GEAR DRIVEN)	 EA	 95.0 	50.05	 4,754.75
40	208575 	2" GATE VALVE	 EA	3.0	500.46	 1,501.38
41	208588 	3" GATE VALVE	 EA	1.0	889.71	 889.71
42(F)		1" PLASTIC PIPE LE 40) (SUPPLY		2,570.0 2	3.06	 7,864.20
43(F)		1 1/4" PLASTIC CHEDULE 40) LINE)	 LF	560.0 	3.34	 1,870.40
44(F)		1 1/2" PLASTIC CHEDULE 40) LINE)	 LF	780.0 	3.61	! 2,815.80
		2" PLASTIC PIPE LE 40) (SUPPLY		 845.0 	3.89	 3,287.05
		3" PLASTIC PIPE 315) (SUPPLY		1,291.0 	8.90	 11,489.90
	260203 AGGREGA 		 CY	 750.0 	52.94	 39,705.00
	390132 (TYPE A		 TON	 870.01 	114.82	 99,893.40

Contract No. 11-409604

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

BID ITEM LIST

<u> </u>					+
 Item No.	i Item Code Des	Item scription	Estimated Quantity Unit of Measure		Item Total
 49 	390136 MINOR ASPHALT	1	7.0 7.0	 557.02 	3,899.14
+ - 50 	394076 PLACE ASPHALT DIKE	(TYPE E)	270.0 LF	21.45	5,791.50
† 51 	566011 ROADS: ONE POST	1	8.0 EA	294.72	2,357.76
 52	030648 SIGN SUPPORT SYSTEM	M	8.0 EA	4,226.12	33,808.96
 53 	030649 FURNIS SHEET ALUMINUI (0.063"-UNFRAI RETROREFLECTIV	M SIGN MED) FOR VE SHEETING	 12.0 SQFT	 15.57 	186.84!
+ 54 	030650 FURNI: SHEET ALUMINUI (0.080"-UNFRAI RETROREFLECTI' (TYPE XI)	M SIGN MED)FOR VE SHEETING	 100.0 SQFT	 16.40 	1,640.00
+	030651 RETRO SHEETING (TYP	E XI)	! 120.0 SQFT	 5.84 	700.80
+ ! !56	731508 MINOR (EXPOSED AGGR CONCRETE)	EGATE	 34,000.0 SQFT	 11.69	397,460.00
 57 	802520 6' CH GATE (TYPE CL	-6)	 3.0 EA	 3,113.98 	9,341.94 9,341.94
 58 	820107 DELIN (CLASS 1) 		! ! 9.0 EA	 50.05 	 450.45

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

BID ITEM LIST

+								+
Item No.	Item Code	Item Description	 Uni Mea:	Quai t of	mated ntity		t Price	Item Total
 59 	EXISTING		 LS LS	LUMP	SUM	 LUMP 	SUM	1,112.14!
60		MODIFY TRAFFIC	 LS	LUMP	SUM	 LUMP	SUM	63,391.77
 61 	861502 	MODIFY SIGNAL	 LS	LUMP	SUM	 LUMP	SUM	7,006.46
62	999990 	MOBILIZATION	 LS	LUMP	SUM	 LUMP	SUM	134,171.08
	rotal Bid							\$1,374,814.60

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

DES-OE-0102.2C (REV 03/2015)

Bidding Firm: Western Rim Constructors, Inc.

List this sub? Yes

1) Business Name Perry Electric Location City Santee State CA California Contractor License Number Public Works Contractor Registration Number 1000012332 Portion of Work Subcontracted:

Description Item %

59 100 Maintaining Existing Traffic Management System

60 100 Modify traffic monitoring station

61 100 Modify Signal

List this sub? Yes

2) Business Name Ace Fence Company Location City La Puente State CA California Contractor License Number 996577 Public Works Contractor Registration Number 1000004092 Portion of Work Subcontracted:

Item % Description 57 100 6' Chain Link Gate

List this sub? Yes

3) Business Name Terra West Inc. Location City Chula Vista State CA California Contractor License Number N/A Public Works Contractor Registration Number 1000007319 Portion of Work Subcontracted:

Description Item % 10 100 Storm Water Pollution Prevention Program 11 25 Storm Water Annual Report 9 49 WPCM/QSP services

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

DES-OE-0102.2C (REV 03/2015)

Bidding Firm: Western Rim Constructors, Inc.

List this sub? Yes

4) Business Name Sealright Paving Location City Spring Valley State CA California Contractor License Number 364113 Public Works Contractor Registration Number 1000003903 Portion of Work Subcontracted:

Description Item %

47 100 Class 2 Aggregate Base

48 100 Hot Mix Asphalt

49 100 Minor Hot Mix Asphalt

50 100 Place Hot Mix Asphalt

List this sub? Yes

5) Business Name Statewide Traffic Safety & Signs Location City Poway State CA California Contractor License Number 975518 Public Works Contractor Registration Number 1000001109 Portion of Work Subcontracted:

Item %

Description

- 2 100 Construction Area Signs
- 4 100 Traffic Plastic Drums
- 15 100 Treated Wood Waste
- 19 100 Remove Roadside Sign
- 21 100 Remove Delineator

List this sub? Yes

6) Business Name Statewide Traffic Safety & Signs Location City Poway State CA California Contractor License Number 975518 Public Works Contractor Registration Number 1000001109 Portion of Work Subcontracted:

Description Item %

- 51 100 Roadside sign one post
- 52 100 Sign support system
- 53 100 Furnish single sheet aluminum sign 0.063"
- 54 100 Furnish single sheet aluminum sign 0.080"
- 55 100 Retroreflective Sheeting

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

DES-OE-0102.2C (REV 03/2015)

Bidding Firm: Western Rim Constructors, Inc.

List this sub? Yes

7) Business Name Statewide Traffic Safety & Signs Location City Poway State CA California Contractor License Number 975518 Public Works Contractor Registration Number 1000001109 Portion of Work Subcontracted:

Item % 58 100 Delineator Description

List this sub? Yes

8) Business Name Maneri Traffic Control Location City Temecula State CA California Contractor License Number 892008 Public Works Contractor Registration Number 1000011349 Portion of Work Subcontracted:

Description Item % 3 58 Traffic Control (lane Closures)

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION

Contract No.: 11-409604 Project ID: 1112000048

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

OPT OUT OF PAYMENT ADJUSTMENTS FOR PRICE INDEX FLUCTUATIONS

DES-OE-0102.12A(REV. 8/2012)

To opt out of payment adjustments for price index fluctuations as specified, complete this form.

I opt out of the payment adjustments for price index fluctuations.

Date: Bidder's Name:

Enter Date and Name to opt out of payment adjustments for price index fluctuations.

Signature:			

Bidder Name: Western Rim Constructors, Inc.

Bidder ID:VC0000101494

SMALL BUSINESS STATUS DES-OE-0102.4 (REV 3/2008)

Are you certified as a "Small Business" by the Office of Small Business and DVBE Services of the Department of General Services of the State of California?:

YES/NO: Yes Certification number? :25140

Note: This small business questionnaire is included for statistical reporting

only.

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

CERTIFICATIONS

FEDERAL-AID PROJECTS DISCLOSURE OF LOBBYING ACTIVITIES CERTIFICATION Bidder certifies, to the best of his or her knowledge and belief:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in conformance with its instructions.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Bidder also agrees by submitting a bid that it must require the language of this certification be included in subcontracts over \$100,000 and these subcontractors shall certify and disclose.

Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494 INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence, the outcome of a covered Federal action. 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last, previously submitted report by this reporting entity for this covered Federal action.
- 4.Enter the full name, address, city, State, and zip code of the reporting entity. Include Congressional District if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District if known.
- 6.Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7.Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
- 8.Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number, the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitments for the prime entity identified in item 4 or 5.
- 10.(a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
- (b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. The certifying official shall sign and date the form, print his/her name title, and telephone number.

Bidder Name: Western Rim Constructors, Inc.

Bidder ID:VC0000101494

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

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STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION Contract No.: 11-409604 Project ID: 1112000048 Bidder ID: VC0000101494 Bidder Name: Western Rim Constructors, Inc. Approved by OMB 0348-0046 DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Νo 1. Type of Federal Action: 2. Status of Federal Action: 3. Report Type: For Material Change Only: Year Ouarter Date of last report 4. Name and Address of Reporting Entity: Tier ,if known Congressional District, if known: 5. If Reporting Entity in No. 4 is Subawardee Enter Name and Address of Prime: Congressional District, if known: 6. Federal Department/Agency: 7. Federal Program Name/Description: CFDA Number, if applicable 8. Federal Action Number, if known: 9. Award amount, if known (\$): 10. a. Name and Address of Lobby Registrant (if individual, last name, first name, MI): b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): 11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. Print Name: Title: Telephone No.: DATE:

Federal Use Only:

Authorized for Local Reproduction Standard Form - LLL(Rev. 7-97)

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Bidder Name: Western Rim Constructors, Inc. Bidder ID: VC0000101494

EQUAL EMPLOYMENT OPPORTUNITY REGULATION CERTIFICATION

Bidder Western Rim Constructors, Inc., proposed subcontractor, certifies that he has participated in a previous contract or subcontract subject to the equal opportunity clauses, as required by Executive Orders 10925, 11114, or 11246, and that, if required, he has filed with the Joint Reporting Committee, the Director of the Office of Federal Contract Compliance, a Federal Government contracting or administering agency, or the former President's Committee on Equal Employment Opportunity, all reports due under the filing requirements.

Notes:

The above certification is required by the Equal Employment Opportunity Regulations of the Secretary of Labor (41 CFR 60-1.7(b) (1)), and must be submitted by bidders and proposed subcontractors only in connection with contracts and subcontracts which are subject to the equal opportunity clause. Contracts and subcontracts which are exempt from the equal opportunity clause are set forth in 41 CFR 60-1.5. (Generally only contracts or subcontracts of \$10,000 or under are exempt.)

Currently, Standard Form 100 (EEO-1) is the only report required by the Executive Orders or their implementing regulations.

Prime contractors and subcontractors who have participated in a previous contract or subcontract subject to the Executive Orders and have not filed the required reports should note 41 CFR 60-1.7(b)(1) prevents the award of contracts and subcontracts unless the Contractor submits a report covering the delinquent period or such other period specified by the Federal Highway Administration or by the Director, Office of Federal Contract Compliance, U.S. Department of Labor.

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STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION Contract No.: 11-409604 Project ID: 1112000048 Bidder Name:Western Rim Constructors, Inc.

Bidder ID:VC0000101494

TITLE 49, CODE OF FEDERAL REGULATIONS, PART 29, DEBARMENT AND SUSPENSION CERTIFICATION

Bidder, under penalty of perjury, certifies that, except as noted below, it or any other person associated therewith in the capacity of owner, partner, director, officer, manager:

is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;

has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past 3 years;

does not have a proposed debarment pending; and

has not been indicted, convicted, or had a civil judgement rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past 3 years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of award, but will be considered in determining bidder responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

### UNDOCUMENTED ALIENS EMPLOYMENT

Under Pub Cont Code  $\spadesuit$  6101, the Bidder certifies compliance with state and federal law respecting the employment of undocumented aliens.

Bidder Name: Western Rim Constructors, Inc.

Bidder ID:VC0000101494

#### NONCOLLUSION

NONCOLLUSION AFFIDAVIT TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID Under PCC 7106 and 23 USC 112, the bidder declares as follows:

State of CA County of San Diego

Name Ray C Samuelson,

being first duly sworn, deposes and says that he or she is

Presidnet of

Western Rim Constructors, Inc.

the party making the foregoing bid that the bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the bid are true; and, further, that the bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

### CHILD SUPPORT COMPLIANCE ACT

Under Pub Cont Code ♦ 7110, the contractor acknowledges that:

- 1. The contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
- 2. The contractor to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the Employment Development Department.

### NATIONAL LABOR RELATIONS BOARD

Under Pub Cont Code • 10232, the contractor, swears under penalty of perjury, that no more than one final unappealable finding of contempt of court by a federal court has been issued against the contractor within the immediately preceding two year period because of the contractor's failure to comply with an order of a federal court which orders the contractor to comply with an order of the National Labor Relations Board.

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Bidder Name: Western Rim Constructors, Inc.

Bidder ID:VC0000101494

VIOLATION OF LAW OR A SAFETY REGULATION

Under Pub Cont Code  $\spadesuit$  10162, the Bidder must complete, under penalty of perjury, the following questionnaire:

Has the Bidder, any officer of the Bidder, or any employee of the Bidder who has a proprietary interest in the Bidder, ever been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of a violation of law or a safety regulation? No

If the answer is yes, explain the circumstances in the following space.

### ANTITRUST LAW

Under Pub Con Code ♦ 10285.1, the Bidder declares under penalty of perjury under the laws of the State of California that the Bidder Has Not been convicted within the preceding three years of any offenses referred to in that section, including any charge of fraud, bribery, collusion, conspiracy, or any other act in violation of any state or federal antitrust law in connection with the bidding upon, award of, or performance of, any public works contract, as defined in Pub Cont Code ♦ 1101, with any public entity, as defined in Pub Cont Code ♦ 1100, including the Regents of the University of California or the Trustees of the California State University. The term "Bidder" includes any partner, member, officer, director, responsible managing officer, or responsible managing employee thereof, as referred to in Section 10285.1.

If the Bidder has been convicted of an offense within the past 3 years, provide the conviction details including the date and ultimate resolution of each conviction in the space below.

## PERMITS, LICENSES, AGREEMENTS, CERTIFICATIONS, AND RAILROAD RELATIONS AND INSURANCE REQUIREMENTS

Bidder acknowledges that permits, licenses, agreements, certifications, and the requirements in the document titled "Railroad Relations and Insurance Requirements" are components of the Contract under section 5-1.02 of the Standard Specifications.

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Bidder Name: Western Rim Constructors, Inc.

Bidder ID: VC0000101494

### BIDDER RESPONSIBILITY QUESTIONNAIRE

Failure to truthfully answer the following questions will result in a finding that the bid is nonresponsive. The Bidder must complete, under penalty of perjury, the following questionnaire:

- 1. Within the past 10 years, has the Bidder been found to be a nonresponsible bidder by any public entity, including federal, State, local, or regional entities?
- 2. Within the past 10 years, have any of the Bidder's officers or employees with a proprietary interest in the Bidder been determined to be a nonresponsible bidder by a public entity, including federal, State, local or regional entities?

  No
- 3. Is there any officer or employee of the Bidder who now has or has had any proprietary interest in another company that bid or bids on public works projects whose company has been determined to be a nonresponsible bidder by any public entity, including federal, State, local, or regional entities?

  No
- 4. If the answer to any of the 3 preceding questions is yes, disclose all pertinent details of the determination of nonresponsibility, including:
  - 4.1. Date of each nonresponsibility determination
  - 4.2. Name of each public agency issuing the nonresponsibility determination and a contact person at that agency who would have information about the determination
  - 4.3. Contract number for each nonresponsibility determination

END CERTIFICATIONS

| Contract No. 11-409604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bond No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| We                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| as Principal, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| as Surety are bound unto the State of California, Department of Transportation, hereafter referred to as "Obligee", in the penal sum of ten percent (10%) of the total amount of the bid of the Principal submitted to the Obligee for the work described below, for the payment of which sum we bind ourselves, jointly and severally,  THE CONDITION OF THIS OBLIGATION IS SUCH, THAT:                                                                                                                                                                                        |
| WHEREAS, the Principal is submitting a bid to the Obligee, for CONSTRUCTION ON STATE HIGHWAY IN SAN DIEGO COUNTY AT VARIOUS LOCATIONS In District 11 on Route 54, 125, 805 for which bids are to be opened at 1727 30th Street, Sacramento CA 95816 on 03-29-16.                                                                                                                                                                                                                                                                                                                |
| NOW, THEREFORE, if the Principal is awarded the contract and, within the time and manner required under the specifications, after the prescribed forms are presented to him for signature, enters into a written contract, in the prescribed form, in accordance with the bid, and files two bonds with the Obligee, one to guarantee faithful performance (if specified in the contract) of the contract and the other to guarantee payment for labor and materials as provided by law, then this obligation shall be null and void; otherwise, it shall remain in full force. |
| In the event a suit is brought upon this bond by the Obligee and judgement is recovered, the Surety shall pay all costs incurred by the Obligee in such suit, including a reasonable attorney's fee to be fixed by the court.                                                                                                                                                                                                                                                                                                                                                   |
| Dated:, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Principal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Surety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ву                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Attorney-in-Fact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION

BIDDER'S BOND

DES-OE 0102.3(REV 3/2008)

| Correspondence or claims relative following address:                                                              | ating to this bond should be sent to the surety at                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                  |
| CALIFORNIA A                                                                                                      | LL-PURPOSE ACKNOWLEDGEMENT                                                                                                                                                                                                                                                                                                                                       |
| State of California                                                                                               |                                                                                                                                                                                                                                                                                                                                                                  |
| County of                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                  |
| On this                                                                                                           | before me,                                                                                                                                                                                                                                                                                                                                                       |
| Date                                                                                                              | Here insert Name and Title of the Officer                                                                                                                                                                                                                                                                                                                        |
| personally appeared                                                                                               |                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                   | Name(s) of Signer(s)                                                                                                                                                                                                                                                                                                                                             |
| whose name(s) is/are subscritthat he/she/they executed thand that by his/her/their si entity upon behalf of which | s of satisfactory evidence to be the person(s) bed to the within instrument and acknowledged to me e same in his/her/their authorized capacity(ies), gnature(s) on the instrument the person(s), or the the person(s) acted, executed the instrument.  PERJURY under the laws of the State of California is true and correct.  WITNESS my hand and official seal |
| ·                                                                                                                 | SIGNATURE                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                   | Signature of Notary Public                                                                                                                                                                                                                                                                                                                                       |
| (SEAL)                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                  |

| STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORT                                                                                                                                                                                                                     | ATION                                                         | Contract No.                                                          | 11-409604                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|
| BIDDER'S BOND DES-OE-0102.3 (REV 3/2008)                                                                                                                                                                                                                          |                                                               | Bond No.                                                              |                                                        |
| We WESTERN RIM CONSTRUCTORS                                                                                                                                                                                                                                       | S, INC.                                                       |                                                                       |                                                        |
|                                                                                                                                                                                                                                                                   |                                                               |                                                                       | as Principal, and                                      |
| NORTH AMERICAN SPECIALTY INSURANCE C                                                                                                                                                                                                                              | COMPANY                                                       |                                                                       |                                                        |
| as Surety are bound unto the State of California, Depa<br>ten percent (10%) of the total amount of the bid of the<br>of which sum we bind ourselves, jointly end severally,                                                                                       | rtment of Transportation, he<br>Principal submitted to the Ol | reafter referred to a <b>s</b> "Oblig<br>bligee for the work describe | pee", in the penal sum of<br>ad below, for the payment |
| THE CONDITION                                                                                                                                                                                                                                                     | N OF THIS OBLIGATION IS                                       | SUCH, THAT:                                                           |                                                        |
| WHEREAS, the Principal is submitting a bid to the Obl                                                                                                                                                                                                             | (Copy here the exact of                                       | N ON STATE HIGHWAY<br>escription of work, including location          | 'IN SAN DIEGO<br>n, as it appears on the proposal      |
| for which bids are to be opened at SACRAMEN                                                                                                                                                                                                                       |                                                               |                                                                       |                                                        |
| los which bids are to be opened at                                                                                                                                                                                                                                | (insert place wh                                              | ere blds will be opened)<br>29, 2016                                  |                                                        |
| NOW, THEREFORE, if the Principal is award                                                                                                                                                                                                                         |                                                               | (Insert date of bid open                                              |                                                        |
| accordance with the bld, and files two bonds with the Contract and the other to guarantee payment for labor otherwise, it shall remain in full force.  In the event a suit is brought upon this bond in the Obligee in such suit, including a reasonable attempt. | and materials as provided by the Obligee and judgment         | y law, then this obligation s<br>t is recovered, the Surety sl        | hall be null and void;                                 |
| Dated: MARCH 22 , 20 16 .                                                                                                                                                                                                                                         |                                                               |                                                                       |                                                        |
| Correspondence or claims relating to this                                                                                                                                                                                                                         | WESTERN F                                                     | RIM CONSTRUCTORS, I                                                   | NC.                                                    |
| bond should be sent to the surety at the following address: 6 HUTTON CENTRE DRIVE                                                                                                                                                                                 | E.   By /27                                                   |                                                                       |                                                        |
| SUITE 850, SANTA ANA, CA 92707                                                                                                                                                                                                                                    | RAY C. SAMUELSC                                               | ON, PRESIDENT Principal ERICAN SPECIALTY INS                          | SURANCE COMPANY                                        |
|                                                                                                                                                                                                                                                                   | By Mar                                                        | O. Saturdo                                                            |                                                        |
| CALIFORNIA                                                                                                                                                                                                                                                        |                                                               | IATAROLA, Attorney-in-Fact                                            |                                                        |
| State of California                                                                                                                                                                                                                                               | A ALL-PURPOSE ACKNOW                                          | ILEDGINEN I                                                           |                                                        |
| County of                                                                                                                                                                                                                                                         |                                                               |                                                                       |                                                        |
|                                                                                                                                                                                                                                                                   |                                                               |                                                                       |                                                        |
| Date                                                                                                                                                                                                                                                              | Here insert                                                   | Name and Title of the Officer                                         | <del></del>                                            |
| personally appeared                                                                                                                                                                                                                                               | Name(s) of Sig                                                | ner(s)                                                                |                                                        |
| who proved to me on the basis of satisfactory evidence and acknowledged to me that he/she/they executed the signature(s) on the instrument the person(s), or the end of the signature is the person(s).                                                           | he same in his/her/their auth                                 | orized capacity(les), and the                                         | at by his/her/their                                    |
| I certify under PENALTY OF PERJURY under the law                                                                                                                                                                                                                  | s of the State of California the                              | hat the foregoing paragraph                                           | is true and correct.                                   |
|                                                                                                                                                                                                                                                                   |                                                               | and and official seal.                                                |                                                        |
|                                                                                                                                                                                                                                                                   | Signature                                                     |                                                                       |                                                        |
| (SEAL)                                                                                                                                                                                                                                                            |                                                               | Signature of Note                                                     | ary Public                                             |

| CALIFORNIA ALL-PURPOSE ACKNOWLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DGMENT CIVIL CODE § 118                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rtificate verifies only the identity of the individual who signed the not the truthfulness, accuracy, or validity of that document.                                                                      |
| State of California  County of An Diego  On 3/22/10 before me, Some personally appeared Ray C Some State Sta | candra Roth, Notary Public Here Insert Name and Title of the Officer  Amuelsan Name(s) of Signer(s)                                                                                                      |
| subscribed to the within instrument and acknowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ory evidence to be the person(s) whose name(s) is/see owledged to me that he/she/they executed the same in y his/her/their signature(s) on the instrument the person(s), acted, executed the instrument. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.                                                                           |
| SANDRA ROTH COMM. #2008101 NOTARY PUBLIC • CALIFORNIA SAN DIEGO COUNTY Commission Expires Feb 18, 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature Of Notary Public                                                                                                                                                                               |
| Place Notary Seal Above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PTIONAL                                                                                                                                                                                                  |
| Though this section is optional, completing th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ir HONAL is information can deter alteration of the document or his form to an unintended document.                                                                                                      |
| Description of Attached Document  Fitle or Type of Document:  Number of Pages: Signer(s) Other Tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Document Date:                                                                                                                                                                                           |
| Capacity(ies) Claimed by Signer(s) Signer's Name:  Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other:                                                                |
| igner Is Representing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signer Is Representing:                                                                                                                                                                                  |

### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

| A notary public or other officer completing this certific document to which this certificate is attached, and not to                                                                   | ate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State of California )                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |
| County of SAN DIEGO )                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                        | MICHELLE M. BASUIL, NOTARY PUBLIC                                                                                                                                                                                                                                                                                                  |
| On3/22/2016 before me,                                                                                                                                                                 | Here Insert Name and Title of the Officer                                                                                                                                                                                                                                                                                          |
| Date                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                    |
| personally appeared                                                                                                                                                                    | MARK D. IATAROLA  Name(+) of Signer(+)                                                                                                                                                                                                                                                                                             |
| subscribed to the within instrument and acknow                                                                                                                                         | y evidence to be the person(e) whose name(s) is/arc wledged to me that he/she/they executed the same in his/her/their signature(e) on the instrument the person(e) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. |
| MICHELLE M. BASUIL COMM # 2034911 SAN DIEGO COUNTY NOTARY PUBLIC-CALIFORNIA Z MY COMMISSION EXPIRES AUG. 24, 2017                                                                      | Signature Michael Signature of Notary Public                                                                                                                                                                                                                                                                                       |
| Place Notary Seal Above                                                                                                                                                                | PTIONAL                                                                                                                                                                                                                                                                                                                            |
| Though this section is optional, completing the                                                                                                                                        | is information can deter alteration of the document or<br>is form to an unintended document.                                                                                                                                                                                                                                       |
| Description of Attached Document                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                    |
| Title or Type of Document:                                                                                                                                                             | Document Date:                                                                                                                                                                                                                                                                                                                     |
| Number of Pages: Signer(s) Other Th                                                                                                                                                    | nan Named Above:                                                                                                                                                                                                                                                                                                                   |
| Capacity(ies) Claimed by Signer(s) Signer's Name: MARK D. IATAROLA  Corporate Officer — Title(s): Partner — Limited General Individual Attomey in Fact Trustee Guardian or Conservator | Signer's Name:  ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other:                                                                                                                                                                       |

Jeffrey Goldberg, Vice President & Assistant Secretary of Washington International Insurance Company & North American Specialty Insurance Company

### NAS SURETY GROUP

## NORTH AMERICAN SPECIALTY INSURANCE COMPANY WASHINGTON INTERNATIONAL INSURANCE COMPANY

### GENERAL POWER OF ATTORNEY

| KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Schaumburg, Illinois, each does hereby make, constitute and appoint:                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JOHN G. MALONEY, HELEN MALONEY, MICHELLE M. BASUIL,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and MARK D. IATAROLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| JOINTLY OR SEVERALLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the                                                                                                                                                                                  |
| amount of: FIFTY MILLION (\$50,000,000.00) DOLLARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9 <sup>th</sup> of May, 2012:                                                                                                                                                                                                                                                                                                                    |
| "RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is                                                      |
| FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."                                                                                                                                                                                                     |
| SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Michael A. Ito, Senior Vice President of Wostington Internotional List and Company  & Senior Vice President of North American Specialty Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 17th day of September , 2015.                                                                                                                                                                                                                                                                                                                                                                             |
| North American Specialty Insurance Company Washington International Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| State of Illinois County of Cook ss:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| On this 17th day of September, 2015, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Michael A. Ito, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies. |
| OFFICIAL SEAL M KENNY NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 12/04/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1, <u>Jeffrey Goldberg</u> , the duly elected <u>Assistant Secretary</u> of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.                                                                                                                                                                                                                          |
| IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 22nd day of MARCH, 20 16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |